

1. Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
DAVID BELLUPS
211-903
ROSS CORR. INST.
P.O. BOX 7010
CHILLICOTHE, OH 45601

A. Signature
 X *Phil Kiser* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Phil Kiser* C. Date of Delivery *3-11-04*

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)
 7001 2510 0008 6349 7478

PS Form 3811 August 2001 Domestic Return Receipt 102595-02-M-1540

